

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	S. Z		08-08-01
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	YG	956	09/20/01
<b>RESPONSE FORMALITY REVIEW</b>	MTB	354	1/8/02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	1/1/51
2	1/1/52
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
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26	✓
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40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
51	1/1/51
52	1/1/52
53	✓
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Claim	Date
Final	Original
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100 (10)  
1/1/02

ZJS  
1/2/02

If more than 150 claims or 10 actions  
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